



PHIL BREDESEN
GOVERNOR

STATE OF TENNESSEE
DEPARTMENT OF EDUCATION
DIVISION OF SPECIAL EDUCATION
7TH FLOOR, ANDREW JOHNSON TOWER
710 JAMES ROBERTSON PARKWAY
NASHVILLE, TN 37243-0380

LANA C. SEIVERS, Ed.D.
COMMISSIONER

MEMORANDUM

TO: Special Education Supervisors

FROM: Terry Long, Division of Special Education, Director of Data Services

SUBJECT: End of Year Report (2005-2006) and February, 2006 Court Report for Districts **Using EasyIEP or EasyCENSUS**

DATE: **April 27, 2006**

It's nearing the end of the school year once again, which means it is time to prepare and submit the End of Year Report and the February Court Report. The End of Year Report should be provided in accordance with your approved Comprehensive Plan for Providing Special Education Services for 2005-2006. This report includes the activities carried out with IDEA Part B funds and Preschool Grant funds. The information in parentheses after each report section listed below indicates how the report is to be completed – that is, by either manually completing the attached form or generating the report from the Report tab in EasyIEP or EasyCENSUS. For districts currently in the Statewide Student Management System (using both Star Student and EasyIEP), your Table 5 will be generated by PCG, Inc. from your discipline data in Star Student and sent to you for review.

The following are required for the February Report Court Report:

- A. Certification of Services (EasyIEP)
- B. List of Inappropriately Served Children with Disabilities (EasyIEP)
- C. Certification, Persons Suspected of Being Disabled **(COMPLETE ATTACHED FORM)**

The following tables are required for the End of Year Report:

- Table 1 – End of Year Frequency Report (EasyIEP)
- Table 2 – Personnel Employed (EasyIEP)
- Table 3 – Child Find 3 – 21 Years, Early Childhood Transition & Preschool Service Delivery **(COMPLETE ATTACHED FORM)**
- Table 4 – Report of Children with Disabilities Ages 14-21 Exiting Report (EasyIEP)
- Table 5 - Suspension/Expulsion Report (EasyCENSUS DISTRICTS ONLY)
- Table 6 – Staff Development Activities, Parent Involvement, and Surrogate Parent Training **(COMPLETE ATTACHED FORM)**

The following tables are required for the End of Year Report: (continued)

Table 7 – End of the Year Report for Gifted (**COMPLETE ATTACHED FORM**)

What to Send: One signed paper copy of the entire End of Year Report (Tables 1-7) and the February Court Report.

Where to Send: **(A) MAIL SIGNED PAPER COPY TO:**
Terry Long, Director of Data Services
Tennessee Department of Education
Division of Special Education
Andrew Johnson Tower, 7th Floor
710 James Robertson Parkway
Nashville, TN 37243-0380

AND

(B) EMAIL COPY TO:

jennifer.henry@state.tn.us

When to Send: Mail and email on or before June 30, 2006

For Assistance Questions about reports –
Call: 1. Tables 1-2 and 4-6 Terry Long at (615) 532-3262
2. Table 3 – Debbie Cate at (865)594-5691
3. Table 7 – Mike Copas at (615) 253-0046

ATTENTION: Please compare this year's data (05-06) with that of last year's (04-05). If we find a large discrepancy in the data (15-20%), we will contact you for justification. It is very important that your district's completed End of Year Report is mailed and emailed to this office by June 30, 2006.

INSTRUCTIONS FOR COMPLETING THE END OF THE YEAR REPORT USING EASYIEP

Step 1: All data must be up to date in EasyIEP prior to running the February Court Report and End of the Year Report. If you have questions regarding what data must be in EasyIEP prior to running any report, please contact Terry Long at (615)532-3262 or terry.long@state.tn.us.

Step 2: Log on to your EasyIEP website. On the Main Menu page, click on the School System tab.

Step 3: Click on the Reports tab. All Federal, State, Local, and Miscellaneous Reports are located under the Reports Tab

The reports are color coded.

RED – Federal Reports

- **Personnel Employed and Needed (EOY Table 2)**
- **Exiting Students Report (EOY Table 4)**
- **Suspension/Expulsion Report (EOY Table 5)**

Report Date:

6/01/2006
6/01/2006
6/01/2006

BLUE – State Reports

- **End of the Year Frequency Report (EOY Table 1)**
- **Status of Service (Court Report)**
- **Inappropriately Served (Court Report)**
- **Students Suspected of Being Disabled** (Print this form or use page 5 included in this packet. Must be completed manually)
- **TN Cover Page** (One cover page for the Court Report and one cover page for the End of the Year Report)

Report Date:

6/01/2006

2/01/2006

2/01/2006

Step 4: Click on the circle next to the report you would like to run.

Step 5: Click on the “Create Report (will be saved for 5 days)” Button under the Reports List.

Step 6: Enter the appropriate report date. For the February 1 Court Report, you must use the report date listed above. For EOY Tables 1, 2, 4, and 5, you should use the report date suggested above OR the last day of your school district calendar. Click Generate Report. The following message will appear after you click Generate Report:

Your report is number 2 in line for generation.

An e-mail will be sent to “**your email address**” when it is complete.

You will find your report in the Saved System Reports section at the bottom of the Reports page when it is completed

To review your report, click on the Report after it appears in the Saved Reports section. Each report should then be printed. ***You must follow these same steps for all Reports except the “Students Suspected of Being Disabled” and the “TN Cover Page”.***
Please see Steps 7-9 for instructions on these to reports.

Note: Once the report is generated, you should permanently save a copy on your computer. To save the report to your hard drive, move your mouse over the file you wish to save and right click the on your mouse. Then click on the option of “Save As” on the menu that appears on your screen. Save the file in the desired folder on your hard drive with the Report name and date you ran the report. (Example: Personnel Report 6-01-2006)

Step 7: Run the **Students Suspected of Being Disabled** report by clicking on the circle next to the report and clicking on the Create Report (will be saved for 5 days) Button under the Reports List as instructed above. Enter the Census Date (6/01/2006) and Due Date (6/30/06), then click Generate Report. Print and manually complete the **Students Suspected of Being Disabled** report.

Step 8: Run the TN Cover Page and enter the date of the Census (6/01/2006) and the Due Date. Then choose the **Federal Data Report** Option and click Generate Report. OR Use the Report Signature pages in this report form packet.

Step 9: Mail and email the reports by the Due Date (6/30/06).

FEBRUARY 1, 2006 COURT REPORT
OF
CHILDREN AND YOUTH WITH DISABILITIES

Submit by June 30, 2006

Please return the attached forms to:

**Terry Long
Tennessee Department of Education
Division of Special Education
7th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0380**

I hereby certify that the information provided on the following forms is accurate and represents an unduplicated count of all children youth with disabilities. Documentation is available for review to support this data.

District Name

Director of Schools Signature

Date

District Code #

Date of Census: February 1, 2006
Date Due: June 30, 2006

School District

C. CERTIFICATION

PERSONS SUSPECTED OF BEING DISABLED

For each age please provide an unduplicated count of all persons who have been screened and referred for special education services but have not yet been evaluated.

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Total
Count																							0

For each age please provide an unduplicated count of all persons who have been evaluated for a disability but have not yet been determined to be eligible for special education services.

Age	0	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	Total
Count																							0

The above information is accurate and represents an unduplicated count of all persons in this agency who were suspected of being disabled.

END OF THE YEAR DATA REPORT

FOR

CHILDREN AND YOUTH WITH DISABILITIES

Submit by June 30, 2006

Please return the attached forms to:

**Terry Long
Tennessee Department of Education
Division of Special Education
7th Floor, Andrew Johnson Tower
710 James Robertson Parkway
Nashville, TN 37243-0380**

The information provided is accurate and documentation is available for review to support this data.

District Name

Director's Signature

Date

District Code #

School District: _____

TABLE 3, SECTION 1
CHILD FIND FOR AGES 3 THROUGH 21
2005-2006 School Year

- A.** For each Public Awareness activity addressed in the Comprehensive Plan, give actual number of contacts by source:

_____ Newsletter(s)	_____ Board Meetings	_____ Pamphlets/Brochures/Flyers
_____ Newspaper(s)	_____ Parent Meetings	_____ Doctors Offices
_____ Radio announcements	_____ Parent Surveys	_____ Bulletin Boards
_____ TV announcements	_____ Day Care Centers	_____ Health Department
_____ Website	_____ Laundromats	
Other (Specify):	_____	

- B.** On a scale of 1-10 rate the effectiveness of collaboration activities with each of the agencies checked in the Comprehensive Plan (with “1” being no collaboration and “10” being excellent)

_____ Faith-based Programs/Mothers’ Day Out Programs	_____ Homeless Coordinator
_____ Dept. of Children’s Services	_____ Migrant Coordinator
_____ Dept. of Correction	_____ TEIS
_____ Dept. of Human Services	_____ TIPS
_____ ELL	_____ Vocational Rehabilitation
_____ Head Start	_____ Voluntary (Lottery-funded) Pre-K
_____ Health Department	_____ Other – Specify
_____ Child Care/Preschool	_____

TABLE 3, SECTION 2

EARLY CHILDHOOD TRANSITION DATA

This data is used to inform the Federal Office of Special Education Programs. Please provide actual numbers for **July 1, 2005 – June 30, 2006**

	Total
A. Number of transition meetings held with Early Intervention, Part C providers for students age 2 and/or on the child's 3 rd birthday.	
B. Number of children transitioning from Part C determined to be NOT eligible for Part B services	
C. Number of children with IEPs written and signed on or before third birthday from Early Intervention (Part C) programs.	

Percentage of Students from Part C Determined to Be Eligible by their 3rd Birthday:

Row C divided by Row A minus Row B multiplied 100 equals ____ % .

$$\boxed{} \div (\boxed{} - \boxed{}) \times 100 = \boxed{} \%$$

D. Number of children with IEP written and signed on or before third birthday from LEA Child Find .	
E. Total number of Early Intervention (Part C) <i>and</i> LEA Child Find children with IEP written and signed on or before third birthday. Add Rows C and D for total.	

TABLE 3, SECTION 3
PRESCHOOL SERVICE DELIVERY
STUDENT COUNT BY PROGRAM TYPE

Section 3 Directions: For each program listed below, indicate the total number of special education **children** served in *local programs*. **Select a report date (Dec. 1, 2005 or May 1, 2006).** For children served in more than one setting, report the child's *primary local program only* (the setting where the child spends the MAJORITY of his/her educational program).

Date of Student Count used for Table 3, Section 3: _____
 (date)

Type of Program	Total Student Count Ages 3-5
Preschool programs for 3-5 year olds (participation in general curriculum)	
Title 1 Preschool Program	
Head Start (LEA sponsored)	
Head Start (other community agency)	
Preschool programs operated in conjunction with a secondary vocational child care	
Other community programs (e.g. private child care or preschool program) Specify:	
Home	
Other LEA Preschool Program(s) (may be unique to the LEA) Specify	
Total (Sum of all the above)	

TABLE 3, SECTION 4
PRESCHOOL SERVICE DELIVERY
TYPES OF PRESCHOOL CLASSROOMS IN DISTRICT

Section 4 Directions: Please provide number of **preschool classrooms** operated by the LEA during the 2005-2006 school year in each of the following categories:

Number of Preschool Classrooms Operated by LEA				
	Full - day	Half-day (one session only)	Split Day (two sessions per day)	Other Schedule
1. Special Education Preschool Classroom (only has Children with Disabilities)				
2. Integrated Classroom (<u>enrollment</u> consists of children with disabilities and typically developing peers)				
• Head Start/Special Ed. Collaborative (LEA Operated)				
• LEA Supported Preschool (Local Funds)				
• Title Preschool Classrooms				
• Dept. of Education Contracted At-Risk Preschool Classroom				
Total Preschool Classrooms				
Optional Comments or further description of these Pre- may wish to provide:				

TABLE 6, SECTION A
REPORT ON STAFF DEVELOPMENT ACTIVITIES AND PARENT INVOLVEMENT

School Year July 1, 2005 – June 30, 2006

(In-Service, Workshops, Conferences, Institutes, or Seminar Events that impact outcomes for special education/at risk students.
 Can include trainings scheduled by regular education or special education departments.)

SCHOOL DISTRICT: _____

Date	Training Event Title or Technical Assistance Topic(s)	Content Code 1 - TCSPP or CPR Indicator # (see Code List)	Number in Attendance ²					Results/Impact on Students ³
			Parents	Special Ed Teachers	General Ed Teachers	Para-professionals	Other	

¹ List one code that best describes the primary content of this training event – SEE NEXT PAGE FOR TCSPP AND CPR RELATED CODES.

² Enter the number of parents, special educators, general educators, and paraprofessionals who attended each event. If Other, such as Administrators, please type in.

³ Provide a brief description of results of training in terms of impact on children in the classroom.

CONTENT CODE SHEET FOR TABLE 6, SECTION A

REPORT ON STAFF DEVELOPMENT ACTIVITIES AND PARENT INVOLVEMENT

School Year July 1, 2005 – June 30, 2006

CODE	DESCRIPTOR	Linkage to TCSP (SPP and CPR Indicator #s)
A	Differentiated Instruction	2, 3
B	TCAP <ul style="list-style-type: none"> • Testing Accommodations • Alternate Assessment • Portfolio Assessment 	2, 3
C	Response to Intervention (RTI)	2, 3, 5
D	Discipline <ul style="list-style-type: none"> • Positive Behavior Supports • Function Behavior Assessment • Behavior Intervention Plans 	4
E	General Ed. Classroom Modifications/Accommodations	5
F	Preschool <ul style="list-style-type: none"> • Modifications in Early Childhood Settings (including Kindergarten) • Pre-K Outcomes Measurement • Transition from Part C to Part B Services • Inclusive Practices 	6, 11, 12
G	Disproportionality <ul style="list-style-type: none"> • Overrepresentation • Underrepresentation • Culturally Responsive Screening, Evaluation, and Classroom Practice 	9, 10
H	Gifted Education <ul style="list-style-type: none"> • Gifted Child Find • Culturally Responsive Screening <ul style="list-style-type: none"> ◦ Grade-level Screening ◦ Individual Screening • Culturally Responsive Assessment 	21
I	Secondary Transition <ul style="list-style-type: none"> • Self-determination/Self-advocacy • Transition Planning • Community Based Instruction Programs • Work Based Learning 	13, 14
J	Student Data Management <ul style="list-style-type: none"> • EasyIEP/EasyCENSUS • StarStudent • Education Information System (EIS) 	20
Please use the codes below to list content of other staff development activities that are not represented in Codes A through J above.		
K	Other 1 -	
L	Other 2 -	
M	Other 3 -	
N	Other 4 -	

LEA: _____

**EOY TABLE 6, Section B
2005-2006**

OTHER PARENT INVOLVEMENT (not reported in Table 6, Section A)

	Frequency of Contact	Number to Participate/Distribute
Parent Support Groups		
Parent/Professional Committees		
School Improvement Planning Committees		
Transition/Community/Agency Collaboration		
Newsletter		
Other (Specify)		

SURROGATE PARENT TRAINING

Date	Training Topic	# Participating

Please provide the number of Special Education Children and Youth that required surrogate parents during the 2005-06 school - year:

INSTRUCTIONS – TABLE 7

1. Provide data for 2005-2006, beginning with July 1, 2005 and ending with June 30, 2006.
2. Sections B and C report the compilation or total of aggregated data submitted to the LEA on the *Gifted Tracking Log* by each school.

[Please Note]: School systems are now required to provide a copy of the LEA's aggregated *Gifted Tracking Log* with Table 7 Report Forms.

Note: Include in Sections B and C all referrals for gifted assessment that have been completed no later than June 30, 2006 (i.e., assessment and IEP team or general education placement meeting). Referrals that are not completed by June 30, 2006 (including the IEP team or general education placement meeting) will be reported for the 2006-2007 school year.

3. Data in Section D reports the number of students by grade and ethnic classification who are receiving gifted services in Special Education (with an IEP) or in specific programs provided for gifted students within the General Education curriculum.

Note: If students have received gifted services at any time during the school year, include this count in Section E.

System and Reporting Information

Record the following information:

1. **School System** – Name of school system
2. **School Year** – 2005-2006
3. **Person Reporting** – Person completing Table 7
4. **Phone** – Contact number for person completing Table 7
5. **Email** – Contact email for person completing Table 7
- 6a) **TN DOE Approved LEA Plan for Gifted on file** – Check box to indicate Yes or No
- 6b) **Latest Revision / DOE Approval Date** – Record date of last DOE Approved *LEA Plan for Gifted*

Section A—Systematic Grade Level Screening

Note: Section A reports systemwide grade level screening for gifted identification. Section A **does not address eligibility and placement for services**. Eligibility and Placement are addressed in Section C.

System Provides Grade Level Screening at Grade [Check One]

Check box to indicate the grade level at which your system provides grade level screening for gifted identification (i.e., 1st, 2nd, 3rd, or 4th). If box "other" is checked, give a brief description of your system's grade level screening procedure as stated in the latest revision of your *LEA Plan for Gifted* on file with TnDOE.

Grade Level Screening (Student Total)

Report by ethnicity the Total Number of Students provided Systematic Grade Level Screening for Gifted Identification.

Section B—Individual Screening

Column 1: Individual Screening Referral from School Screening Team

Report the Total Number of Students by ethnicity who were *Individually Screened* based on referral of the School Screening Team following review of Grade Level Screening.

Column 2: Individual Screening Referral from Sources other than School Screening Team

Report the Total Number of Students by ethnicity who were *Individually Screened* based on a referral from sources other than the School Screening Team (i.e., parent, teacher, self-referral, or outside agencies).

Section C—Comprehensive Evaluation

Section C reports students who received a Comprehensive Evaluation and services through an IEP or General Education funded programs were initiated in the 2005-2006 school year.

Column 1: Total Students Comprehensive Evaluation

Report by ethnicity and gender the total number of students who received a Comprehensive Evaluation following the procedures described in State Board of Education Rule 0520-1-9-.01 (15 (h) – Intellectually Gifted Standards.

Column 2: Total Students Special Education Standards and IEP

Report by ethnicity and gender the total number of students who were determined to be eligible (i.e., IEP developed) for Special Education services in the 2005-2006 School Year.

Column 3 Total Students LEA Criteria and LEA Gifted Program

Report by ethnicity and gender the total number of students who met district-developed gifted criteria and received services through General Education funded programs in the 2005-2006 School Year.

Section D—Program Delivery Services

Section D reports data for ALL students receiving Gifted Services in the 2005-2006 school year. Include the total child count for all students regardless of the length of time the student has received gifted services (i.e., one day in the 2005-2006 year or multiple years). Student count for Section D **does not include** students enrolled in Advanced Placement or Honors Classes **unless** there is an IEP or General Education Program.

D (1) – Program Delivery Special Education Gifted Services

Report by ethnicity the total number of students who received Gifted Services with an IEP in the 2005-2006 school year. Report students by grade level (kindergarten through 12th grade).

D (2) – Program Delivery General Education Gifted Services

Report by ethnicity the total number of students who received Gifted Services through a General Education Funded Program in the 2005-2006 school year. Report Students by grade level (kindergarten through 12th grade).

END OF YEAR REPORT FOR GIFTED—TABLE 7

Return hard copy of TABLE 7 and District Gifted Tracking Log by mail to Mike Copas, Gifted Coordinator:
Department of Education, Division of Special Education, 7th Floor, 710 James Robertson Pkwy., Nashville, TN 37243-0380. Return electronic copy of TABLE 7 to Mike.Copas@state.tn.us.
Do not fax TABLE 7. Important data may be cut off by fax machine.

Include in this report all referrals for gifted assessment that have been completed no later than June 30, 2006.
Referrals that have not been completed by June 30, 2006 (including the IEP team or school placement meetings) will be reported for the 2006-2007 school year.

System and Reporting Information

- 1) School System _____ 2) School Year – 2005-2006
- 3) Person Reporting _____
- 4) Phone _____ / _____ / _____ 5) Email _____
- 6a) Is the TN DOE Approved *LEA Plan for Gifted* on file: ☐ Yes ☐ No
- 6b) Record the most recent revision / DOE Approval Date ____/____/____

Section A – Systematic Grade Level Screening

- Section A reports systemwide grade level screening for Gifted Identification.
- Section A does not report eligibility and placement for services.

Note: Systematic Grade Level Screening Procedures are described in the *Intellectually Gifted Manual*, Section 4, beginning with page 8. (Special Education Website: <http://www.state.tn.us/education/speced/seassessment.htm#DISABILITY>)

System provides Grade Level Screening at grade [Check One]: ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th

☐ Other (Briefly Describe) _____

Note: This section does not report students referred for Individual Screening.

Report by ethnicity the **Total Number of Students** provided **Systematic Grade Level Screening for Gifted Identification** in the 2005-2006 School Year

Systematic Child Find and individual screening are included in **3) Evaluation Procedures** of the Eligibility Standards for Intellectually Gifted. *Grade Level Screening* provides the means for conducting this systematic child find process. Systems must provide a sound justification in writing if there is no data is reported or data is reported as 0 (zero) in Section A.

		Grade Level Screening (Student Total)
Ethnic Populations	White (Not Hispanic)	
	Black (Not Hispanic)	
	Hispanic	
	American Indian or Alaska Native	
	Asian or Pacific Islander	

Section B – Individual Screening

DIRECTIONS: For Sections B and C report all students who have been referred for Individual Screening and Comprehensive Evaluations. Referrals that have not been completed by June 30, 2006 (up to and including the IEP Team or school placement meeting) will be reported for the 2006-2007 school year.

Note: Individual Screening Procedures and Comprehensive Evaluation Procedures are described in the *Intellectually Gifted Manual*, Section 4, beginning with page 9, and posted on the Special Education Website at <http://www.state.tn.us/education/speced/seassessment.htm#DISABILITY>

“It is recommended that in determining the pool of candidates for *Individual Screening*, the *School Screening Team* should conduct a comprehensive review of the student’s records including grades, student risk factors, and other available standardized test information.” (*Intellectually Gifted Manual*, p. 8)

Column 1 Report the total number of students by ethnicity who were referred and *Individually Screened* as a result of Systematic Grade Level Screening.

Column 2 Report the number of students by ethnicity who were *Individually Screened* as a result of other referral sources (i.e., parent, teacher, outside agencies).

		Column 1 Individual Screening Referral from School Screening Team	Column 2 Individual Screening Referral from Sources other than School Screening Team
Ethnic Populations	White (Not Hispanic)		
	Black (Not Hispanic)		
	Hispanic		
	American Indian or Alaska Native		
	Asian or Pacific Islander		

Section C – Comprehensive Evaluation

“When a Comprehensive Evaluation is recommended, the parents of the child are sent the *Response to Individual Screening* form. This becomes the referral for a comprehensive evaluation. In addition, the parents are sent the *Informed Consent for Initial Assessment* form, the *Rights of Children with Disabilities* and *Parent Responsibility* brochure, and *Prior Written Notice*. The process of evaluation should follow all guidelines set forth in Tennessee’s **Rules, Regulations, and Minimum Standards** and with the **Individuals with Disabilities Education Act (IDEA – Part B)**.” (*Intellectually Gifted Manual*, p. 10)

Report the number of students by ethnicity and gender who were ***Evaluated and Services for Gifted*** were initiated in the 2005-2006 School Year following guidelines described below:

Column 1 Report by ethnicity and gender the total number of students who received a comprehensive evaluation following procedures described in **State Board of Education Rule 0520-1-9-.01 (15 (h) – Intellectually Gifted Standards**.

Column 2 Report by ethnicity and gender the total number of students who were determined to be eligible (i.e., IEP developed) for Special Education services in the 2005-2006 school year.

Column 3 Report the number of students by ethnicity and gender who met district-developed gifted criteria and services were initiated through General Education funded programs in the 2005-2006 school year.

		Column 1 Total Students Comprehensive Evaluation		Column 2 Total Students Special Education Standards <u>and</u> IEP		Column 3 Total Students LEA Criteria <u>and</u> LEA Gifted Program	
		Male	Female	Male	Female	Male	Female
Ethnic Populations	White (Not Hispanic)						
	Black (Not Hispanic)						
	Hispanic						
	American Indian or Alaska Native						
	Asian or Pacific Islander						

Section D (1)

Program Delivery – Special Education Gifted Services

Report the number of students by ethnicity and grade **Receiving Gifted Services** through **Special Education** (students with an IEP). Include students receiving consultation services in the general education classroom when written into the IEP. **Do not include** students in Advanced Placement or Honors Classes, **unless** the student has an IEP.

		Special Education												
		Grade Level												
		Kg.	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Ethnic Populations	Black (Not Hispanic)													
	Hispanic													
	American Indian / Alaska Native													
	Asian / Pacific Islander													

Section D (2)

Program Delivery – General Education Gifted Services

Report the number of students by ethnicity and grade **Receiving Gifted Services** through **General Education** (programs and services funded through General Education). **Do not include** students in Advanced Placement or Honors Classes, **unless** they have been identified as Gifted through the local General Education Guidelines.

		Local Programs Funded through General Education												
		Grade Level												
		Kg.	1 st	2 nd	3 rd	4 th	5 th	6 th	7 th	8 th	9 th	10 th	11 th	12 th
Ethnic Populations	Black (Not Hispanic)													
	Hispanic													
	American Indian / Alaska Native													
	Asian / Pacific Islander													